siderable persuasion to complete their treatments, if ever they are completed.

2. Sore throat follows each diathermic application in varying degrees, as well as some toxic absorption. This produces more or less fatigue of the patient and makes it difficult for him to carry on his work. In a few cases the soft palate and uvula become quite swollen, and this swelling lasts about two days, usually a shorter time than the same condition following a surgical tonsillectomy.

3. Complete removal of the tonsils by this method is not always accomplished, because definite knowledge of removal of the capsule cannot be certain, as in the surgical tonsillectomy. Portions of tonsillar tissue may remain, and may become embedded and concealed by scar tissue.

4. In my experience scar tissue formation is much more common following the diathermic method than the surgical method. It is difficult to determine, at or near the final treatment, whether one is coagulating lymphoid or muscular tissue.

In conclusion, I believe this method of tonsil removal is efficacious where surgery by enucleation is contra-indicated. It was used in cases of arthritis, iritis, latent or arrested pulmonary tuberculosis, cardiac diseases, infected tonsillar remnants, and in the elderly.

1200 South Alvarado Street.

CONGENITAL ABSENCE OF THE RIGHT KIDNEY*

REPORT OF TWO CASES—ONE WITH TRANSPOSITION OF THE SPLEEN AND SUBACUTE GLOMERULAR NEPHRITIS

By CHARLES E. NIXON, M.D.
AND
H. M. GINSBURG, M.D.
Fresno

CONGENITAL absence of one kidney is rarely found at necropsy, and we have not found any note of a case of absence of one kidney with a transposition of the spleen. Smith[1] reports a case of congenital absence of one kidney, with associated urethrorectal fistula and concomitant measles; he states that this makes the second case reported of a congenital absence of one kidney associated with a terminal nephritis due to an infection.

REPORT OF CASES

CASE 1.—I. K., white male, aged one month, entered the hospital with the symptoms of a gastro-enteritis. Repeated urine examinations showed the presence of albumin and much pus. The child died one week after admission.

At autopsy the left kidney was found to be normal in size and shape. The pelvis of the kidney contained a small amount of purulent urine. The right kidney was absent; the right ureter was present, extending from the ureteral opening in the bladder to the retroperitoneal fascia in the upper lumbar region; there was a minute lumen present in the lower half of the ureter. No other congenital abnormalities were found.

* * *

CASE 2.—A. D., white male, aged eleven years; entered the hospital with the complaints of puffiness about both eyes and over the bridge of the nose, swelling of the lower extremities, and nocturia. There was a history of scarlet fever six months previously, and a severe upper respiratory infection one week prior to admission.

On physical examination, there was noted puffiness of the eyelids, pitting edema of the lower extremities, and free fluid in the abdomen.

The blood picture on admission was as follows: hemoglobin, 65 per cent; red blood cells, 3,280,000; white blood cells, 9,200, with 70 per cent polymorphonuclear cells. Ten days later the hemoglobin was 45 per cent, and the red count was 2,840,000. During the ten weeks' course in the hospital before exitus, urine examinations showed specific gravities varying from 1.011 to 1.018; the constant presence of albumin (heavy trace) and hyalin and granular casts; occasionally, granular and cellular casts and a few red blood cells. Several examinations showed "many leukocytes." Urine cultures gave a growth of Staphylococcus aureus. Two months before death the blood N. P. N. was 45 milligrams per 100 cubic centimeters, and the creatinin was 1.8 milligrams. The phenosulphonephthalein excretion was 5 per cent in the first hour, and 10 per cent in the second hour. The patient ran an irregular temperature curve varying from normal to 102 degrees Fahrenheit, a pulse of 100 to 130, and a respiratory rate of 20 to 30 per minute.

Necropsy Report.—The body is that of a well developed, poorly nourished white male; estimated age about eleven years. Inspection shows puffiness of the face, edema about ankles and over tibial crests, a pale, pasty appearance of skin, and marked distention of the abdomen.

The parietal peritoneum is smooth and glistening. The peritoneal cavity contains one liter of free, straw-colored fluid. The border of the right lobe of the liver is in the midclavicular line, and is two finger breadths beneath the costal margin. On section the liver presents a mottled yellowish-brown color. The gallbladder is negative. The spleen is located on the right side, adjacent to the spine. The blood vessels of the spleen are normal, except for transposition. The spleen weighs 75 grams. It is grossly normal in appearance except for fetal lobulations. The gastrointestinal tract is negative except for moderate injection of the serosa of the intestines. The pancreas is negative. The left kidney weighs 175 grams. The surface is a pale gray color, mottled with red. The capsule strips readily. The cut surface of the parenchyma is of a grayish-white color. The anatomical markings of the parenchyma are indistinct. The cortex measures 18 to 20 millimeters in thickness. The left ureter is normal. The right kidney is absent, and no vestige of a ureter is found even at the bladder. The bladder is normal except for the absence of one ureteral opening.

Both pleural cavities contain about 100 cubic centimeters of clear, pale yellow fluid. Both lungs show considerable congestion and areas of bronchopneumonia. The pericardial sac contains 100 cubic centimeters of clear, yellowish fluid. The heart is negative.

Anatomical diagnosis:

1. Subacute glomerular nephritis.
2. Generalized ascites (hydroperitoneum, 1,000 cubic centimeters; hydrothorax, bilateral—100 cubic centimeters each, hydropericardium—100 cubic centimeters).
3. Passive congestion of lungs and early bronchopneumonia.
4. Congenital absence of right kidney.
5. Situs inversus of spleen.

COMMENT

Two cases are reported of congenital absence of the right kidney, one with transposition of the spleen and a postsclartina glomerular nephritis.

General Hospital of Fresno County.

REFERENCE

1. Smith, Laurence W.: Congenital Absence of One Kidney with Associated Urethrorectal Fistula and Concomitant Measles, Am. J. Dis. Child., 42:1417, 1931.

* From the General Hospital of Fresno County, Fresno.